

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: METHOD OF MANUFACTURE,  
INSTALLATION, AND SYSTEM FOR A SINUS  
LIFT BONE GRAFT

Attorney Docket Number:: 900122.462

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Scott
Middle Name::	D.
Family Name::	Ganz
Name Suffix::	
City of Residence::	River Vale
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	214 Patriot Lane
City of mailing address::	River Vale
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	07024

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peter
Middle Name::	A.
Family Name::	Materna
Name Suffix::	
City of Residence::	Metuchen
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	81 Rector Street

City of mailing address:: Metuchen  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08840

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: J.  
Family Name:: Bradbury  
Name Suffix::  
City of Residence:: Yardley  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 30 Lower Hilltop Road  
City of mailing address:: Yardley  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 19067

### **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Roger  
Middle Name:: C.  
Family Name:: Stikeleather

Name Suffix::  
City of Residence:: Doylestown  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 6166 Stovers Mill Road  
City of mailing address:: Doylestown  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 18901

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Adolphe  
Middle Name:: H.  
Family Name:: Youssef  
Name Suffix::  
City of Residence:: Kendall Park  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 64 Lynnette Court  
City of mailing address:: Kendall Park  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08824

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,410	02/26/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Therics, Inc.
Street of mailing address::	115 Campus Drive
City of mailing address::	Princeton
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08540

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